

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000036098

**Entity Name:** HORIZON THERAPY CENTER, INC.

**Current Principal Place of Business:**

7135 STATE ROAD 52  
SUITE 204  
HUDSON, FL 34667

**Current Mailing Address:**

7135 STATE ROAD 52  
SUITE 204  
HUDSON, FL 34667

**FEI Number:** 59-3717469

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HORAK, JULIE A  
7135 STATE RD. 52  
STE. 204  
HUDSON, FL 34667 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name HORAK, JULIE  
Address 7135 STATE RD 52 STE 204  
City-State-Zip: HUDSON FL 34667

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JULIE HORAK

**PRES**

**04/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date